

A circular black ink stamp from the Intellectual Property Office (IPO). The text "IPO" is at the top, "JC139" is at the top right, "SEP 11 2003" is in the center, and "PATENT &amp; TRADEMARK OFFICE" is at the bottom.

#16/C  
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9-16-03

In re Application of:

Examiner: K. Parton

Group Art Unit: 2153

RECEIVED

SEP 12 2003

Technology Center 2100

September 10, 2003

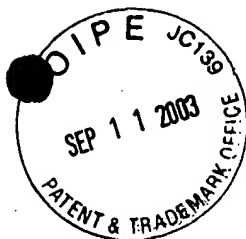
Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated June 23, 2003, please amend the above-identified application as follows:

2153



In re Application of:

SHUICHI NAKAMURA

Application No.: 09/161,404

Filed: September 28, 1998

Docket No. 00862.002473.

Examiner: K. Parton

Group Art Unit: 2153

Date: September 10, 2003

For: INFORMATION PROVIDING SYSTEM, APPARATUS METHOD AND STORAGE MEDIUM

Mail Stop Non-Fee Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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SEP 12 2003

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 6	MINUS	** 20	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 3	MINUS	*** 5	= 0	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant

Registration No. 42,746

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

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